

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

| <b>PATENT APPLICATION FEE DETERMINATION RECORD</b><br>Substitute for Form PTO-875                                                                                                                                                                                                                                                                                                                                                    |                                                                                          |                                                                                                                                                                                                                               |                                    | Application or Docket Number<br><b>09/765,108</b> |            | Filing Date<br><b>01/16/2001</b> |                     | <input type="checkbox"/> To Be Mailed |                     |                     |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|---------------------------------------------------|------------|----------------------------------|---------------------|---------------------------------------|---------------------|---------------------|--|
| <b>APPLICATION AS FILED – PART I</b>                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                          |                                                                                                                                                                                                                               |                                    |                                                   |            | <b>OTHER THAN SMALL ENTITY</b>   |                     |                                       |                     |                     |  |
| (Column 1)                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                          | (Column 2)                                                                                                                                                                                                                    |                                    | SMALL ENTITY <input type="checkbox"/> OR          |            | SMALL ENTITY                     |                     |                                       |                     |                     |  |
| FOR                                                                                                                                                                                                                                                                                                                                                                                                                                  | NUMBER FILED                                                                             | NUMBER EXTRA                                                                                                                                                                                                                  |                                    | RATE (\$)                                         | FEE (\$)   | OR                               |                     | RATE (\$)                             | FEE (\$)            |                     |  |
| <input type="checkbox"/> BASIC FEE<br>(37 CFR 1.16(a), (b), or (c))                                                                                                                                                                                                                                                                                                                                                                  | N/A                                                                                      | N/A                                                                                                                                                                                                                           |                                    | N/A                                               | N/A        |                                  |                     | N/A                                   | N/A                 |                     |  |
| <input type="checkbox"/> SEARCH FEE<br>(37 CFR 1.16(k), (l), or (m))                                                                                                                                                                                                                                                                                                                                                                 | N/A                                                                                      | N/A                                                                                                                                                                                                                           |                                    | N/A                                               | N/A        |                                  |                     | N/A                                   | N/A                 |                     |  |
| <input type="checkbox"/> EXAMINATION FEE<br>(37 CFR 1.16(o), (p), or (q))                                                                                                                                                                                                                                                                                                                                                            | N/A                                                                                      | N/A                                                                                                                                                                                                                           |                                    | N/A                                               | N/A        |                                  |                     | N/A                                   | N/A                 |                     |  |
| TOTAL CLAIMS<br>(37 CFR 1.16(i))                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                          | minus 20 = *                                                                                                                                                                                                                  |                                    | X \$ =                                            | N/A        |                                  |                     | X \$ =                                | N/A                 |                     |  |
| INDEPENDENT CLAIMS<br>(37 CFR 1.16(h))                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                          | minus 3 = *                                                                                                                                                                                                                   |                                    | X \$ =                                            | N/A        |                                  |                     | X \$ =                                | N/A                 |                     |  |
| <input type="checkbox"/> APPLICATION SIZE FEE<br>(37 CFR 1.16(s))                                                                                                                                                                                                                                                                                                                                                                    |                                                                                          | If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). |                                    |                                                   |            |                                  |                     |                                       |                     |                     |  |
| <input type="checkbox"/> MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))                                                                                                                                                                                                                                                                                                                                                           |                                                                                          |                                                                                                                                                                                                                               |                                    |                                                   |            |                                  |                     |                                       |                     |                     |  |
| * If the difference in column 1 is less than zero, enter "0" in column 2.                                                                                                                                                                                                                                                                                                                                                            |                                                                                          |                                                                                                                                                                                                                               |                                    |                                                   |            |                                  |                     |                                       |                     |                     |  |
| <b>APPLICATION AS AMENDED – PART II</b>                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                          |                                                                                                                                                                                                                               |                                    |                                                   |            | <b>OTHER THAN SMALL ENTITY</b>   |                     |                                       |                     |                     |  |
| (Column 1)                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                          | (Column 2)                                                                                                                                                                                                                    |                                    | (Column 3)                                        |            | SMALL ENTITY                     |                     | OR                                    |                     | SMALL ENTITY        |  |
| <b>AMENDMENT</b>                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>04/03/2009</b>                                                                        | CLAIMS REMAINING AFTER AMENDMENT                                                                                                                                                                                              | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA                                     |            | RATE (\$)                        | ADDITIONAL FEE (\$) | RATE (\$)                             | ADDITIONAL FEE (\$) |                     |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                      | Total (37 CFR 1.16(i))                                                                   | + 16                                                                                                                                                                                                                          | Minus                              | ** 21                                             | = 0        | X \$ =                           | N/A                 | OR                                    | X \$220 = 0         |                     |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                      | Independent (37 CFR 1.16(h))                                                             | + 4                                                                                                                                                                                                                           | Minus                              | ***5                                              | = 0        | X \$ =                           | N/A                 | OR                                    | X \$220 = 0         |                     |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                      | <input type="checkbox"/> Application Size Fee (37 CFR 1.16(s))                           |                                                                                                                                                                                                                               |                                    |                                                   |            |                                  |                     | OR                                    |                     |                     |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                      | <input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j)) |                                                                                                                                                                                                                               |                                    |                                                   |            |                                  |                     | OR                                    |                     |                     |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                          |                                                                                                                                                                                                                               |                                    |                                                   |            | TOTAL ADD'L FEE                  |                     | OR                                    | TOTAL ADD'L FEE     | 0                   |  |
| <b>AMENDMENT</b>                                                                                                                                                                                                                                                                                                                                                                                                                     | (Column 1)                                                                               |                                                                                                                                                                                                                               | (Column 2)                         |                                                   | (Column 3) |                                  | RATE (\$)           | ADDITIONAL FEE (\$)                   | RATE (\$)           | ADDITIONAL FEE (\$) |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                      | Total (37 CFR 1.16(i))                                                                   |                                                                                                                                                                                                                               | + Minus                            |                                                   | **         |                                  | X \$ =              | N/A                                   | OR                  | X \$ =              |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                      | Independent (37 CFR 1.16(h))                                                             |                                                                                                                                                                                                                               | + Minus                            |                                                   | ***        |                                  | X \$ =              | N/A                                   | OR                  | X \$ =              |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                      | <input type="checkbox"/> Application Size Fee (37 CFR 1.16(s))                           |                                                                                                                                                                                                                               |                                    |                                                   |            |                                  |                     | OR                                    |                     |                     |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                      | <input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j)) |                                                                                                                                                                                                                               |                                    |                                                   |            |                                  |                     | OR                                    |                     |                     |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                          |                                                                                                                                                                                                                               |                                    |                                                   |            | TOTAL ADD'L FEE                  |                     | OR                                    | TOTAL ADD'L FEE     |                     |  |
| <p>* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.</p> <p>** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".</p> <p>*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".</p> <p>The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.</p> |                                                                                          |                                                                                                                                                                                                                               |                                    |                                                   |            |                                  |                     |                                       |                     |                     |  |

Legal Instrument Examiner:  
/STELLA LITTLE/

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. **SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.**

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.